

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

MS 19385
B
O.L.M.S. Div.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>22087</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name Martha J Mountain P.O. Box, Bldg., Room No., if any Street 1444 Church St., NW #401 City Washington State District of Columbia ZIP Code + 4 20005	4. Name, file number, and address of labor organization. Name United Scenic Artists Local USA-829 (IATSE) Labor Organization File Number 046-022 P.O. Box, Building and Room Number, if any 15th Floor Street 29 West 38th Street City New York State New York ZIP Code + 4 10018
5. Position in labor organization. Trustee Eastern Regional Board	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Signed

Martha Mountain

On

8/14/2005

Date

202-986-1558

Telephone Number

Name of Person Filing Martha Mountain

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code -- 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10 If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code -- 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name League of American Theatres & Producers

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 West 47th Street

City New York

State New York

ZIP Code -- 4 10036

14.a. Nature of payment.

I am eligible to vote in the Antionette Perry Awards and in order to do so I receive tickets to performances of Broadway Shows. Contracts for these shows are held by this Local Union. The tickets have no stated face value.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$0